CHAPTER 9—DESIGN OF THE HEALTH EDUCATION ASSESSMENT

BLUEPRINT

The health framework was based on Maine's *Learning Results*, which identifies six **content standards**, as shown below:

- **Health concepts:** Students understand health promotion and disease prevention concepts.
- Health information, services, and products: Students know how to acquire valid information about health issues, services, and products.
- Health promotion and risk reduction: Students understand how to reduce their health risks through the practice of healthy behaviors.
- Influences on health: Students understand how media techniques, cultural perspectives, technology, peers, and family influence behaviors that affect health.
- Communication skills: Students understand that skillful communication can contribute to better health for them, their families, and the community.
- Decision making and goal setting: Students learn how to set personal goals and make decisions that lead to better health.

These six standards were combined with the ten health education content areas identified by the 1984 Education Reform Act to create a reporting category framework for health, as shown on the next page.

Health Framework									
	Health Standard								
Content Area	A. Health Concepts	B. Health Information, Services, and Products	C. Health Promotion and Risk Reduction	D. Influences on Health	E. Communication Skills	F. Decision Making and Goal Setting			
Community, Consumer, and Environmental Health									
Personal and Nutritional Health									
Family Life Education and									
Growth and Development									
Safety and Injury Prevention									
Tobacco, Alcohol, and Other Drug Use									
Prevention									
Prevention and Control of									
Disease and Disorders Total	30%			70%	ó				

Thirty percent of the questions measured health standard (A); they were divided among the six content areas. The remaining 70% of the questions were divided among the other five health standards (B through F) and the six content areas. The distribution of questions was 10% to 20% for each standard, determined by its developmental appropriateness for the specific grade being assessed.

A portion of the questions in the health assessment were developed by the Health Education Assessment Project for the State Collaborative on Assessment and Student Standards (SCASS) under the auspices of the Council of Chief State School Officers. Each SCASS question that was used or adapted was aligned with a performance indicator from Maine's health education standards. Maine educators on the development advisory committee developed the remainder of the questions.

CONTENT SPECS

The MEA health assessment included multiple-choice, short-answer, constructed-response, and extended-response questions. Short-answer questions, which were new in the revised MEA, required students to formulate answers using one or two words or a short phrase. Extended-response questions in health are similar

to constructed-response questions except that they are more complex, requiring 10–20 minutes of response time. Each type of question was worth a specific number of points in the student's total health score, as shown below.

Type of Question	Possible Score Points
Multiple Choice	0–1
Short Answer	0–2
Constructed Response	0–4
Extended Response	0–8

TEST DESIGN

Grade 11 students were assessed in health for the first time in the 1998–99 assessment. At every grade level, the assessment included no common questions but was constructed solely of matrix-sampled and pre-test questions. The tables below summarize the numbers and types of questions that were used in the health assessment for grade 4 and for grades 8 and 11.

Grade 4									
Session	MC	SA	CR	ER	Time (minutes)				
1	4	1	2	_	26				
2	4	1	2	_	26				
Total	8	2	4	_					

Grades 8 and 11									
Time									
Session	MC	SA	CR	ER	(minutes)				
1	8	2	2	1	42				
Total	8	2	2	1					

Key

- MC = multiple-choice questions
- SA = short-answer questions
- CR = constructed-response questions
- ER = extended-response questions

The charts on the following pages outline the total number of possible points—as reported—by learning results and item type.

HEALTH Number of Points Possible Grade 4

Standard	Common					Total Possible			
	MC	SA	CR	Points	MC	SA	CR	Points	Points
Health Concepts (Standard A)					18	16	32	66	66
Health Information, Services, and Products (Standard B)					14	4	16	34	34
Health Promotion and Risk Reduction (Standard C)					23	4	20	47	47
Influences on Health (Standard D)					7	2	12	21	21
Communication Skills (Standard E)					8	0	20	28	28
Decision Making and Goal Setting (Standard F)					8	0	8	16	16

HEALTH Number of Points Possible Grade 8

Standard	Common				Matrix					Total Possible
	MC	SA	CR	Points	MC	SA	CR	ER	Points	Points
Health Concepts (Standard A)					60	16	20	24	120	120
Health Information, Services, and Products (Standard B)					10	2	8	20	40	40
Health Promotion and Risk Reduction (Standard C)					7	6	12	28	53	53
Influences on Health (Standard D)					1	2	8	16	27	27
Communication Skills (Standard E)					4	2	0	24	30	30
Decision Making and Goal Setting (Standard F)					3	4	4	16	27	27

HEALTH Number of Points Possible Grade 11

Standard	Common				Matrix					Total Possible
	MC	SA	CR	Points	MC	SA	CR	ER	Points	Points
Health Concepts (Standard A)					19	4	8	52	83	83
Health Information, Services, and Products (Standard B)					11	12	8	0	31	31
Health Promotion and Risk Reduction (Standard C)					16	2	4	20	42	42
Influences on Health (Standard D)					7	2	4	24	37	37
Communication Skills (Standard E)					9	2	16	24	51	51
Decision Making and Goal Setting (Standard F)					15	4	8	0	27	27